

SOLID WASTE LANDFILL ANNUAL REPORT

For Calendar year 2008

Administrative Information (Please enter all the information requested below)**RECEIVED**Facility Name: Brush Resources Inc.Facility Mailing Address: PO Box 15

(Number & Street, Box and/or Route)

FEB 17 2009

City: Delta Zip Code: 84624County: MillardPermit Number: 2007.00595UTAH DIVISION OF
SOLID & HAZARDOUS WASTE**Owner**Name: Brush Resources Inc.Phone No.: 435.864.2701Owner Mailing Address: PO Box 15

(Number & Street, Box and/or Route)

City: Delta State: Utah Zip Code: 84624Contact Name: Alex Boulton Contact Title: PresidentContact's Mailing Address: PO Box 15 Delta, UT 84624Phone No.: 435.864.2701Contact's Email Address: alex_boulton@brushresources.com**Operator** (Complete this section only if the operator is not an employee of the Owner shown above)

Name: _____ Phone No.: _____

Owner Mailing Address: _____

(Number & Street, Box and/or Route)

City: _____ State: Utah Zip Code: _____

Contact Name: _____ Contact Title: _____

Contact's Mailing Address: _____

Phone No.: _____ Contact's Email Address: _____

Facility Type and Status☐ Class I☒ Class IIIb☐ Class V☐ Facility Closed during the year☐ Class II☐ Class IVa☐ Class IV

Date Closed: _____

☐ Class IIIa☐ Class IVb**Annual Disposal** (Tons received at the facility for disposal)**Waste Type****Self generated****Waste Origin**

In-State

Out-of-State

Total**61.5 Tons****Measurement**

Tons Cubic Yards

Municipal

N/AN/A☐☐

Industrial

N/AN/A☐☐

C/D*

N/AN/A☐☐

*C/D waste includes all waste going to a Class IV or VI landfill cell

Conversion Factor Used☒ None Used☐ Site Specific☐ From Rules

List Site Specific Conversion: _____

RecyclingMaterial Recycled: N/AReported in Tons ☐ Cubic Yards ☐**Utah Disposal Fee**N/ADisposal fee required to be paid to State Yes ☐ No ☒

Fee paid Municipal: _____ Industrial: _____ C/D: _____ Annual: _____

Municipal, Industrial and C/D are fees paid by Commercial Facilities. Annual fee is paid by facilities operated by a municipality

Current Landfill Remaining CapacityTons: _____ Cubic Yards: 51,211 Acre: _____ Years: _____Acres Currently Open: .03 Acres Currently Closed: _____**Financial Assurance**

Current Closure Cost Estimate: _____

Current Post-Closure Cost Estimate: As per permit

Current Amount or Balance in Mechanism: _____

(If facility permit has been renewed and if balance does not equal or exceed total for closure and post-closure care please contact the Division)

Current Financial Assurance Mechanism: _____

(ie. Bond, Trust Fund, Corporate or government Test etc.)

Current Financial Assurance Mechanism Holder: _____

(ie. Name of Bond Company, Bank etc. Account number)

Financial Assurance: Each facility must recalculate the cost of closure and post-closure care to account for inflation and design changes each year. The inflation factor can be found on the Division web page. Facilities that are using a trust account should include a copy of the most recent account statement.

Note Facilities using "Local Government Financial Test" or the "Corporate Financial Test" must provide the information required in R315-309-8(4) or R315-309-9(3) each year.

Other Required Reports to be Submitted with Annual ReportGround Water Monitoring: Class I and V landfills only. Check if exempt ☒Explosive Gas Monitoring: Class I, II and V landfills only. Check if exempt ☒Training Report: A report of all training programs or procedures completed by facility personnel during the year.Signature: Date: 2-13-09

Signature should be by an executive officer, general partner, proprietor, elected official, or a duly authorized representative. A duly authorized representative must meet the requirements of the solid waste rules (UAC R315-310-2(4)(d)).

Type Name: Alex BoultonTitle: President

JPMorgan Chase Bank, N.A.
Global Trade Services
One Bank One Plaza
Mail Code IL1-0236
Chicago, IL 60670
Tel: (800) 634-1969 Fax: (312) 954-0203
SWIFT: FNBCUS44
Telex: ITT4330253 FNBCUI

IRREVOCABLE STANDBY LETTER OF CREDIT NO. CLS410992

DATE: FEBRUARY 23, 2005

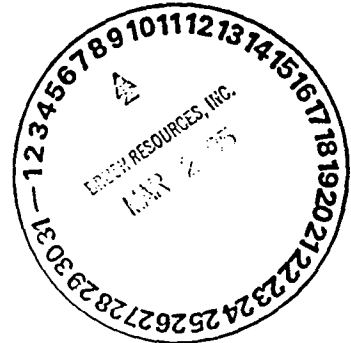
BENEFICIARY:
UTAH DIVISION OF
SOLID & HAZARDOUS WASTE
288 NORTH 1460 WEST
P.O. BOX 144880
SALT LAKE CITY, UTAH. 84114-4880
ATTN CARL WADSWORTH

DRAFTS DRAWN MUST BE MARKED
WITH OUR LETTER OF CREDIT NO. CLS410992
OPENER'S REFERENCE NO. CLS410992

GENTLEMEN:

BY THE ORDER OF:

APPLICANT:
BRUSH RESOURCES INC.
10 MILES NORTH HIGHWAY 6
DELTA, UTAH 84624
ATTN ALEX BOULTON



WE HEREBY ISSUE IN YOUR FAVOR OUR IRREVOCABLE STANDBY LETTER OF CREDIT NO: CLS410992 FOR THE ACCOUNT OF BRUSH RESOURCES INC. FOR AN AMOUNT OR AMOUNTS NOT TO EXCEED IN THE AGGREGATE U.S. \$16,000.00 (SIXTEEN THOUSAND AND NO/100 U.S. DOLLARS) AVAILABLE BY YOUR DRAFTS AT SIGHT ON JPMORGAN CHASE BANK, N.A., CHICAGO, IL EFFECTIVE FEBRUARY 23, 2005 AND EXPIRING AT OUR OFFICE ON FEBRUARY 28, 2006.

FUNDS UNDER THIS CREDIT ARE AVAILABLE AGAINST YOUR DRAFT(S) AS HEREIN ABOVE SET FORTH MARKED "DRAWN UNDER JPMORGAN CHASE BANK, N.A. LETTER OF CREDIT NO. CLS410992" AND ACCOMPANIED BY THE FOLLOWING:

BENEFICIARY'S SIGNED AND DATED STATEMENT READING AS FOLLOWS:

"BRUSH RESOURCES INC., HAS FAILED TO COMPLY WITH THE CLOSING PLAN R 315-310-3(1)(H) AND R 315-310-5 (2) AS DIRECTED BY THE UTAH DIVISION OF SOLID AND HAZARDOUS WASTE."

IT IS A CONDITION OF THIS LETTER OF CREDIT THAT THE EXPIRATION DATE SHALL BE AUTOMATICALLY EXTENDED WITHOUT AMENDMENT FOR ONE (1) YEAR FROM THE EXPIRATION DATE HEREOF OR ANY FUTURE EXPIRATION DATE UNLESS AT LEAST SIXTY (60) DAYS PRIOR TO SUCH EXPIRATION DATE WE SEND NOTICE TO YOU BY CERTIFIED MAIL OR HAND DELIVERED COURIER, AT THE ADDRESS STATED ABOVE, THAT WE ELECT NOT TO EXTEND THIS LETTER OF CREDIT FOR ANY SUCH ADDITIONAL PERIOD.

WE ENGAGE WITH YOU THAT DRAFTS DRAWN UNDER AND IN CONFORMITY WITH THE TERMS AND CONDITIONS OF THIS CREDIT WILL BE DULY HONORED ON PRESENTATION IF PRESENTED ON OR BEFORE THE EXPIRATION AT OUR COUNTERS AT 300 SOUTH RIVERSIDE PLAZA, 7TH FLOOR, MAIL CODE IL1-0236, ATTN: STANDBY LETTER OF CREDIT UNIT, CHICAGO, IL 60606-0236. THE

JPMorgan Chase Bank, N.A.
Global Trade Services
One Bank One Plaza
Mail Code IL1-0236
Chicago, IL 60670
Tel: (800) 634-1969 Fax: (312) 954-0203
SWIFT: FNBCUS44
Telex: ITT4330253 FNBCUI

LETTER OF CREDIT NO.CLS410992

DATE: FEBRUARY 23, 2005

ORIGINAL LETTER OF CREDIT MUST ACCOMPANY THE DOCUMENTS REQUIRED UNDER THIS CREDIT FOR ENDORSEMENT.

THIS LETTER OF CREDIT IS GOVERNED BY, AND CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF NEW YORK, AND, EXCEPT AS OTHERWISE EXPRESSLY STATED HEREIN, TO THE INTERNATIONAL STANDBY PRACTICES, ICC PUBLICATION NO. 590 (THE "ISP98"), AND IN THE EVENT OF ANY CONFLICT, THE LAWS OF THE STATE OF NEW YORK WILL CONTROL, WITHOUT REGARD TO PRINCIPALS OF CONFLICT OF LAWS.

PLEASE ADDRESS ALL CORRESPONDENCE REGARDING THIS LETTER OF CREDIT TO THE ATTENTION OF THE STANDBY LETTER OF CREDIT UNIT, 300 S. RIVERSIDE PLAZA, 7TH FLOOR, MAIL CODE IL1-0236, CHICAGO, IL 60606-0236, INCLUDING THE LETTER OF CREDIT NUMBER MENTIONED ABOVE. FOR TELEPHONE ASSISTANCE, PLEASE CONTACT THE STANDBY CLIENT SERVICE UNIT AT 1-800-634-1969, SELECT OPTION 1, AND HAVE THIS LETTER OF CREDIT NUMBER AVAILABLE.

VERY TRULY YOURS,
JPMORGAN CHASE BANK, N.A.


PREPARER/AUTHORIZED SIGNER


AUTHORIZED SIGNER

OPERATOR TRAINING CERTIFICATION CHECKLIST

LABORER

TASK HAZARDS

1 - AIR - HIGH PRESSURE



12 - LIFTING



2 - CHEMICALS



13 - LOAD/UNLOAD PRODUCT



3 - COMPRESSED GAS
CYLINDERS



14 - MOVING MACHINERY
(PICKING ORE)



4 - DERMAL SENSITIVITY



15 - MECHANICAL



5 - DRUM BALER



16 - NOISE



6 - DUST AND FUMES



17 - PPE



7 - ELECTRICAL



18 - RESTRICTED AREAS



8 - HAND POWER TOOLS



19 - STEAM



9 - HOT SLURRY



20 - TRUCKS



10 - LADDERS



21 - TANK ENTRY/CONFINED
SPACE



11 - LANDFILL SAFETY



EQUIPMENT USED:

ATV/Mule



Forklift, Cat



Forklift, Yale



Loader, 906



Loader, 950



Loader, Mustang



AREA'S STANDARD OPERATING PROCEDURES:



HSMS/BMP PROCEDURES:



DEMONSTRATED COMPETENCE:



Comments:

Employee:

[Signature]

Date:

1-28-09

Dept. Trainer:

[Signature]

Date:

1-28-09

OPERATOR TRAINING CERTIFICATION CHECKLIST

LABORER

TASK HAZARDS

- | | | | |
|------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 1 - AIR - HIGH PRESSURE | <input checked="" type="checkbox"/> | 12 - LIFTING | <input checked="" type="checkbox"/> |
| 2 - CHEMICALS | <input checked="" type="checkbox"/> | 13 - LOAD/UNLOAD PRODUCT | <input checked="" type="checkbox"/> |
| 3 - COMPRESSED GAS CYLINDERS | <input checked="" type="checkbox"/> | 14 - MOVING MACHINERY (PICKING ORE) | <input checked="" type="checkbox"/> |
| 4 - DERMAL SENSITIVITY | <input checked="" type="checkbox"/> | 15 - MECHANICAL | <input checked="" type="checkbox"/> |
| 5 - DRUM BALER | <input checked="" type="checkbox"/> | 16 - NOISE | <input checked="" type="checkbox"/> |
| 6 - DUST AND FUMES | <input checked="" type="checkbox"/> | 17 - PPE | <input checked="" type="checkbox"/> |
| 7 - ELECTRICAL | <input checked="" type="checkbox"/> | 18 - RESTRICTED AREAS | <input checked="" type="checkbox"/> |
| 8 - HAND POWER TOOLS | <input checked="" type="checkbox"/> | 19 - STEAM | <input checked="" type="checkbox"/> |
| 9 - HOT SLURRY | <input checked="" type="checkbox"/> | 20 - TRUCKS | <input checked="" type="checkbox"/> |
| 10 - LADDERS | <input checked="" type="checkbox"/> | 21 - TANK ENTRY/CONFINED SPACE | <input checked="" type="checkbox"/> |
| 11 - LANDFILL SAFETY | <input checked="" type="checkbox"/> | | |

EQUIPMENT USED:

- | | | | |
|----------------|-------------------------------------|-----------------|-------------------------------------|
| ATV/Mule | <input checked="" type="checkbox"/> | Forklift, Cat | <input checked="" type="checkbox"/> |
| Forklift, Yale | <input checked="" type="checkbox"/> | Loader, 906 | <input checked="" type="checkbox"/> |
| Loader, 950 | <input checked="" type="checkbox"/> | Loader, Mustang | <input type="checkbox"/> |

AREA'S STANDARD OPERATING PROCEDURES: ☒

HSMS/BMP PROCEDURES: ☒

DEMONSTRATED COMPETENCE: ☐

Comments: _____

Employee: Ken Christensen Date: 1/29/09

Dept. Trainer: Br. Muey Date: 1-29-09

OPERATOR TRAINING CERTIFICATION CHECKLIST

LABORER

TASK HAZARDS

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Forklift, Cat



Forklift, Yale



Loader, 906



Loader, 950



Loader, Mustang



AREA'S STANDARD OPERATING PROCEDURES:



HSMS/BMP PROCEDURES:



DEMONSTRATED COMPETENCE:



Comments:

Employee:

Mike King

Date:

1/28/09

Dept. Trainer:

Eric M. King

Date:

1-28-09